



Patient, family and whānau escalation: Kōrero mai projects – what we know so far

The Health Quality & Safety Commission's Kōrero mai workstream, part of its patient deterioration programme, is in its early stages, with three sites testing patient, family and whānau escalation systems. We asked those three sites – Southern Cross Hospital Christchurch, Canterbury District Health Board and Waitemata District Health Board – to explore the complexity of communication relating to escalation. Here's what we found out.

Background

The Commission's patient deterioration programme started in 2016. It has three workstreams that together aim to improve communication, and systems to support communication, within the context of patient deterioration in acute hospital settings.

The patient, family and whānau escalation workstream, Kōrero mai, particularly acknowledges that one of the most challenging areas of health care is communication between health staff and patients. Reflecting this, Kōrero mai is a co-design project with consumers and health staff working together.

An analysis of complaints to the Health and Disability Commissioner involving district health boards (DHBs) for the period 1 July 2016 to 30 June 2017 states:

'When all issues raised in complaints were considered, concerns about a failure to communicate effectively with the consumer were the most prevalent...'¹

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Exploring communication

In response to the complaints analysis, we asked each Kōrero mai site to explore the complexity of communication relating to patient, family and whānau escalation. Initially some sites believed adopting a phone system, such as Ryan's Rule,² would be enough.

'We confess that some of us in the project team had a preconceived idea that what we would end up designing was a pathway for consumers/family/whānau to escalate care, ending in a phone number for them to call for help.'
(Canterbury DHB)

What the sites found

To understand the patient experience of calling for concern, each project team collected patient experience data. The aim of this was to discover not just whether patients understood how to call for concern, but how they felt about doing so.

We gave the three sites an observational tool to use. The data collected across all three hospitals confirmed that the majority of patients were informed and understood how to call for concern. Importantly it also showed that some patients did not know how, or whom, to escalate to.

The experience data from the three sites also told us that even when patients were told how to escalate concerns, there was a reluctance to call due to the idea of nursing staff being 'busy' or 'not wanting to disturb' nurses. This was despite nurses being consistently observed inviting patients to call for concern.

Canterbury DHB also explored in the paediatric context the notion that parents may notice a change in their child before that change became a concern. The DHB explored ways to encourage communication of these observed changes to health staff.

How this critical information influenced the projects

For each project the idea of health staff being perceived as 'too busy' prompted a major emphasis on communication with patients to reverse this idea. It also prompted the development of tools to reduce the notion of 'busyness' as a barrier to calling for concern.

Sites introduced a range of ideas to test: Kōrero mai name badges, posters and patient cards setting out the escalation process; a communication e-learning course; and scripts (conversation prompts) for health staff. One site reported an increase in patient confidence with the introduction of a conversational prompt:

'A mother said it made her feel stronger, rather than on the back foot. By asking the question about concerns at the beginning of the stay... [it] gave [her] permission to speak up if needed.' (Canterbury DHB)

'You can talk to me' stickers and face to face communication were by far the most effective tools:

'When you read the words "You can talk to me" on the ward staff's uniforms, how did you feel?' (Waitemata DHB)

*'Comforted'
'Like a barrier is broken'*

It was interesting to note that posters and brochures were the least effective interventions. Most people at one site did not recall seeing posters, and for those who received a brochure the majority could not remember the content.

What the sites have achieved

Each site ultimately planned a phone line as part of a stepped escalation system, but the emphasis of Kōrero mai was an improvement in communication. One site said:

'As the project unfolded, it became increasingly apparent that our initial aim was an "ambulance at the bottom of the cliff" strategy, only addressing the sharp end of the problem. As we moved through the capture and understand process of the co-design journey there was a "light bulb moment"; we uncovered a range of precursory communication issues from the beginning of the consumer/family/whānau journey and these provided an opportunity to proactively co-design solutions.'



Both Southern Cross Hospital Christchurch and Canterbury DHB plan to implement their Kōrero mai escalation systems hospital-wide in 2019. They will aim to start in a defined area then spread across hospital sites.

Following its testing process, Waitemata DHB launched Kōrero mai on 19 November 2018, across two hospital sites and in all departments including its emergency departments. The first Kōrero mai call was received on 12 December 2018. While not a patient deterioration call, it was, appropriately, a call about communication. The experience of Waitemata DHB confirms national and international experience:

- Kōrero mai will not overload health staff with a flood of inappropriate calls.
- Kōrero mai is an opportunity to address communication issues at the heart of the majority of complaints from people using hospital services.

Looking ahead

The Commission is working closely with the evaluation organisation Synergia³ to understand the challenges and opportunities of the workstream as sites develop and move to implement their escalation systems. Evaluation results will help to support future sites.

We are aiming for Kōrero mai to be implemented nationally across all DHBs by June 2021.

1. www.hdc.org.nz/media/4654/annual-dhb-report-2016-2017.pdf
 2. www.health.qld.gov.au/cairns_hinterland/html/ryan-home
 3. <http://synergia.co.nz>

